

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

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| 1. TRANSMITTAL AND NOTICE OF APPROVAL | 04-03-MA | New Jersey |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | | |
| 4. PROPOSED EFFECTIVE DATE January 1, 2004 | | |

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

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| 6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C. 1396d(a) and 1396n | 7. FEDERAL BUDGET IMPACT: a. FFY 2004 \$ 816,000 b. FFY 2005 \$ 2,332,000 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1.B of Attachment 3.1-A | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same <i>New Jersey (04-03/MA)</i> <i>approved: 05/24/04</i> <i>effective: 01/01/04</i> |

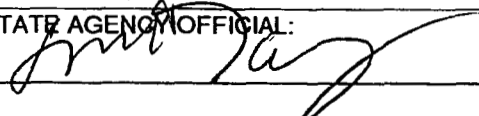
10. SUBJECT OF AMENDMENT:

CMO Expansion to include Camden, Cumberland, Essex, Gloucester, Ocean, Passaic and Salem Counties

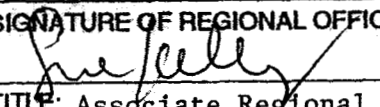
11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt, per 7.4 of the Plan

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO: Jean Cary Division of Medical Assistance and Health Services P.O. Box 712, #26 Trenton, NJ 08625-0712 |
| 13. TYPED NAME: James M. Davy | |
| 14. TITLE: Acting Commissioner | |
| 15. DATE SUBMITTED: | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED: | 18. DATE APPROVED: MAY 24 2004 |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2004 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: Sue Kelly | 22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations |

23. REMARKS:
Supplement 1.B of Attachment 3.1A, page 1
Originally submitted page is being replaced by new page submitted by State on 5/10/04.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New JerseyCHILDREN'S SYSTEM OF CARE INITIATIVE/CARE MANAGEMENT
ORGANIZATION SERVICES

A. Target Group:

Care management organization services, provided through the Children's System of Care Initiative, are targeted to children with severe emotional and behavioral disturbance up to 18 years of age and their families, as well as youth with severe emotional and behavioral disturbance 18 up to 21 years of age transitioning to the adult system, who require a more intensive level of care management due to:

1. The severe emotional and behavioral disturbance results in significant functional impairment; or
2. The involvement of multiple agencies or systems such as the Division of Mental Health Services, the Division of Youth and Family Services, the Juvenile Justice System or the court system; or
3. A disruption of a current therapeutic placement; or
4. The risk of a psychiatric rehospitalization; or
5. The risk of placement outside the home or community, except for foster care placements if they do not meet any of the criteria in 1 through 4 above.

B. Areas of State in which services will be provided:

☐ Entire State

☒ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide):

Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Sussex, and Union counties.

TN

Approval Date

MAY 24 2006

04-03-MA (NJ)

Superseded 01-17-MA (NJ)

Effective Date

JAN 01 2006